

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

**Application for a Class C Charter Certificate from
Marc Kneepkens dba Sun City Airport Rides**

**BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA**

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Marc Kneepkens

Telephone: 843-433-0375

Address: 188 Argent Way

Fax: _____

Bluffton, SC 29909

Other: _____

Email: mhknee@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☒ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: _____

RECEIVED
DEC 0 - 2021
PSC SC
MAIL / DMS

js

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 11/24/2021

RECEIVED
NOV 30 AM 8:15
PUBLIC SERVICE
COMMISSION

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1.

Sun City Airport Rides

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

188 Argent Way, Bluffton, SC 29909-4599

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-433-0375

Phone

Fax

mhknee@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	\$305,000	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	22,000	Loans Owed on Motor Vehicles	0
Cash on Hand	850.00	Business/Other Loans Owed	0
Cash in Bank	4,500.00	Other Liabilities or Debts	0
Value of Other Assets and Equipment	28,000	Total Liabilities	0
Total Assets	340,350		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Rides to local airports from Sun City in Okatie/Bluffton (south side of Sun City) or Ridgeland (north side of Sun City):

Base rate is \$55.00

Maximum rate is \$125.00

Extra charges: *see extra page.*

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|---------------------------------------|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input checked="" type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input checked="" type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

RATES

Rides to local airports from Sun City in Okatie/Bluffton (south side of Sun City) or Ridgeland (north side of Sun City):

Base rate is \$55.00

Maximum rate is \$125.00

Extra charges:

- \$10.00 for early rides before 6 AM or after 10 PM**
- \$10.00 for airport pickup (as opposed to drop-off)**
- For rides starting or ending outside of Sun City:**
 - within 5 miles of Sun City + \$10.00**
 - more than 5 miles from Sun City : + \$20.00**
 - more than 10 miles from Sun City: + \$30.00**
 - more than 15 miles from Sun City: + \$40.00**
 - more than 20 miles from Sun City: + \$50.00**

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of **seatbelts** in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

MARC KNEEPKENS

Name of Applicant

188 Argent Way, Bluffton, SC 29909

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 3,142.00

Limits 25,000/50,000/25,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

8-15 Passengers* \$ 25,000/100,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

Progressive

Name of Insurance Company

The Progressive Corporation 6300 Wilson Mills Rd. Mayfield Village, Ohio 44143

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Marc H Kneepkens
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes ☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

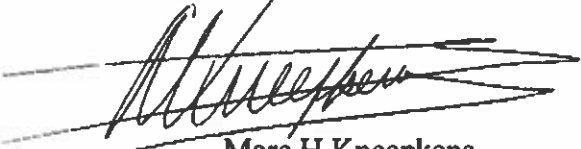
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Marc H Kneepkens
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF BEAUFORT)

SWORN TO BEFORE ME
This 24 day of NOVEMBER, 2021

E MCH

Notary Public

Commission Expires _____


Print Application

Marc Kneepkens
SUN CITY AIRPORT RIDES
188 ARGENT WAY
BLUFFTON, SC 29909

Underwritten by
Progressive Northern Insurance Co
November 24, 2021
Policy Period Jan 1, 2022 - Jan 1, 2023
Page 1 of 3
Customer Phone number 1-843-433-0375

Commercial Auto Insurance Quote

Dear Marc Kneepkens,

Thank you for your interest in Progressive.

We're excited about the opportunity to work with you. Below you'll find a quote that's custom-designed around your needs. Our goal is to give you the best and most competitively priced coverage for your business.

What you get

You get affordable rates, savings opportunities for safe driving, and nationally recognized claims service that keeps you and your business on the road and in business. Most importantly, you get the peace of mind that comes with Progressive's responsive, comprehensive approach to customer service.

By becoming a Progressive customer, you join a confident group of business owners who expect the most from their insurance company. You're important to us. That's why we're here for you 24 hours a day, seven days a week. Whether you need to update your policy, report or check the status of a claim, or simply ask a question, call us at 1-888-814-6494, or you can visit us online at progressivecommercial.com.

How you get it

If you're comfortable with your quote, please visit us online at progressivecommercial.com or call us any time at 1-888-814-6494 to purchase your policy. And thank you again for thinking of us. We hope we can serve you and your commercial auto needs.

Policy information

Business: Taxi Service

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$3,142.00
Paid in full discount	-400.00
Policy premium if paid in full	\$2,742.00

Payment plans

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$3.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 9.09% Down	\$3,142.00	\$287.43	9 payments of \$288.46 and 1 of \$288.43
10 Payments, 10.0% Down	\$3,142.00	\$316.00	9 payments of \$317.00
11 Payments, 12.50% Down	\$3,142.00	\$394.50	10 payments of \$277.75
11 Payments, 16.67% Down	\$3,142.00	\$525.44	9 payments of \$264.66 and 1 of \$264.62
10 Payments, 20.0% Down	\$3,142.00	\$630.00	8 payments of \$282.12 and 1 of \$282.04
6 Pay, Seasonal, 20.0% Down	\$3,142.00	\$630.00	5 payments of \$505.40

10 Payments, 25.0% Down	\$3,142.00	\$787.00	8 payments of \$264.67 and 1 of \$264.64
4 Pay. Seasonal, 25.0% Down	\$3,142.00	\$787.00	3 payments of \$788.00
2 Payments, 50.0% Down	\$3,142.00	\$1,572.00	1 payments of \$1,573.00

Make payments by mail or at progressivecommercial.com. Each payment includes a \$6.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
1 Payment	\$2,742.00	\$2,742.00	None
11 Payments, 9.09% Down	\$3,225.00	\$294.97	9 payments of \$299.01 and 1 of \$298.94
10 Payments, 10.0% Down	\$3,225.00	\$324.30	9 payments of \$328.30
11 Payments, 12.50% Down	\$3,225.00	\$404.88	9 payments of \$288.02 and 1 of \$287.94
11 Payments, 16.67% Down	\$3,225.00	\$539.78	9 payments of \$274.58 and 1 of \$274.50
11 Payments, 20.0% Down	\$3,225.00	\$646.60	10 payments of \$263.84
10 Payments, 20.0% Down	\$3,225.00	\$646.60	8 payments of \$292.49 and 1 of \$292.48
6 Pay. Seasonal, 20.0% Down	\$3,225.00	\$646.60	5 payments of \$521.68
10 Payments, 25.0% Down	\$3,225.00	\$807.75	8 payments of \$274.59 and 1 of \$274.53
4 Pay. Seasonal, 25.0% Down	\$3,225.00	\$807.75	3 payments of \$811.75
4 Pay. Quarterly, 25.0% Down	\$3,225.00	\$807.75	3 payments of \$811.75
2 Payments, 50.0% Down	\$3,225.00	\$1,613.50	1 payment of \$1,617.50
Outside Premium Financing	\$3,225.00	\$3,225.00	None

To purchase insurance

Please review the information on your quote for accuracy, incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call Progressive at 1-800-895-2886. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application

Name	Date of Birth	Points	Additional information
Marc Kneepkens		0	
Marian E Kneepkens		3	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$1,530
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorist			58
Bodily Injury	\$25,000 each person/\$50,000 each accident		
Property Damage	\$25,000 each accident	\$200	
Uninsured Motorist	Rejected		
Medical Payments	\$5,000 each person		72
Comprehensive			234
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			971
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			50
See Auto Coverage Schedule			

Roadside Assistance	16
See Auto Coverage Schedule	
Subtotal policy premium	\$3,140
UM Fund Fee	2
Total 12 month policy premium and fees	\$3,142

Auto coverage schedule

- 1 **2018 HYUNDAI TUCSON** Stated Amount: * \$18,000 (including Permanently Attached Equip)
VIN: **KM8J33A49JU638638** Garaging Zip Code: 29909 Radius: 50 miles
Personal use: Y Body type: Sport Utility Vehicle

Liability Premium	Liability Premium	UM Premium	Med Pay Premium	
	\$1530	\$158	\$172	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium
	\$1,000/\$0	\$234	\$1,000	\$971
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium
	\$50 per day Max \$1,500	\$59	Selected	\$16
				Auto Total
				\$3,140

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discounts

Policy

Electronic Funds Transfer and Multi Product

Please review all the information on your quote for accuracy. Incomplete or inaccurate information could alter your rate, and rates are subject to verification. If you have any questions, please call us at 1-888-814-6494.

Form QUOTE (03/17)